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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

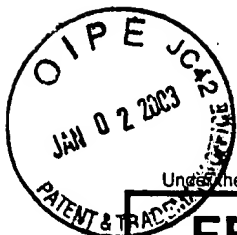
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/732,169	
	Filing Date	December 6, 2000	
	First Named Inventor	HENDERSON, DANIEL R.	
	Group Art Unit	1635	
	Examiner Name	WHITEMAN, BRIAN A.	
Total Number of Pages in This Submission	57	Attorney Docket Number	CELL-004CON
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Supplemental Form PTO-SB/08A <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) Figs. 1-13 <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Unsigned 131 Declaration 2. Request for Interference 3. Return Receipt Postcard	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	PAMELA J. SHERWOOD, Reg. No. 36,677		
Signature			
Date	December 26, 2002		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: December 26, 2002.			
Typed or printed name	Pamela Sherwood		
Signature		Date	December 26, 2002

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PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/732,169

Filing Date December 6, 2000

First Named Inventor HENDERSON, DANIEL R.

Examiner Name WHITEMAN, BRIAN A.

Group Art Unit 1635

Attorney Docket No. CELL-004CON

TOTAL AMOUNT OF PAYMENT

(\$ 55.00)

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:
Deposit Account Number 50-0815
Deposit Account Name Bozicevic, Field & Francis LLP
☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☒ Applicant Claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION

2. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740 201 370	Utility filing fee		
106 330 206 165	Design filing fee		
107 510 207 255	Plant filing fee		
108 740 208 370	Reissue filing fee		
114 160 214 80	Provisional filing fee		

SUBTOTAL (1)

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
33-20**	=	x	=
Indep. Claims 8-3**	=	x 00	=
Multiple Dependent	=		=

Large Entity Fee Code	Small Entity Fee Code	Fee Description
103 18 203 9	Claims in excess of 20	
102 84 202 42	Independent claims in excess of 3	
104 280 204 140	Multiple dependent claim, if not paid	
109 84 209 42	** Reissue independent claims over original patent	
110 18 210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) \$ 0

**or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105 130 205 65	Surcharge - late filing fee or oath		
127 50 227 25	Surcharge - late provisional filing fee or cover sheet		
139 130 139 130	Non-English specification		
147 2,520 147 2,520	For filing a request for ex parte reexamination		
112 920* 112 920*	Requesting publication of SIR prior to Examination action		
113 1,840* 113 1,840*	Requesting publication of SIR after Examiner action		
115 110 215 55	Extension for reply within first month		55.00
116 400 216 200	Extension for reply within second month		
117 920 217 460	Extension for reply within third month		
118 1,440 218 720	Extension for reply within fourth month		
128 1,960 228 980	Extension for reply within fifth month		
119 320 219 160	Notice of Appeal		
120 320 220 160	Filing a brief in support of an appeal		
121 280 221 140	Request for oral hearing		
138 1,510 138 1,510	Petition to institute a public use proceeding		
140 110 240 55	Petition to revive - unavoidable		
141 1,280 241 640	Petition to revive - unintentional		
142 1,280 242 640	Utility issue fee (or reissue)		
143 460 243 230	Design issue fee		
144 620 244 310	Plant issue fee		
122 130 122 130	Petitions to the Commissioner		
123 50 123 50	Processing fee under 37 CFR 1.17(q)		
126 180 126 180	Submission of Information Disclosure Stmt		
581 40 581 40	Recording each patent assignment per property (times number of properties)		
146 740 246 370	For each additional invention to be examined (37 CFR § 1.129(a))		
149 740 249 370	For each additional invention to be examined (37 CFR § 1.129(b))		
179 740 279 370	Request for Continued Examination (RCE)		
169 900 169 900	Request for expedited examination of a design application		

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55.00)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Pamela J. Sherwood	Registration No. (Attorney/Agent)	36,677	Telephone	(650) 327-3400
Signature		Date	12/26/2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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